



APPLICATION FOR REPORT OF FOREIGN BIRTH FOR ADOPTED CHILD

OFFICE OF VITAL RECORDS
Tennessee Department of Health
421 5th Avenue North
Central Services Building
1st Floor
Nashville, Tennessee 37247-0450

Full Adoptive Name of Child _____

Place of Birth _____
CITY, PROVINCE, AND COUNTRY

Date of Birth _____

Sex of Child _____

Full Name of Adoptive Father _____

Full Maiden of Adoptive Mother _____

Legal Residence of Adoptive Parents _____
(at time adoption granted) City County State

We, the above named parents, hereby certify the information given above is correct.

Father _____

Mother _____

Mailing Address _____

City State Zip

Court _____

Clerk's Signature _____

Date _____

****Please remit the fee of \$27.00 to prepare the report and issue one certified copy. Additional certified copies may be obtained at this time for \$4.00 each.**